



Tommy Irvin
Commissioner

Georgia Department of Agriculture

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APPLICATION FOR RENEWAL OF CERTIFIED PUBLIC WEIGHER'S LICENSE

Name of Business _____

Mailing Address _____ City _____ Zip Code _____

Telephone Number () _____ FAX Number () _____

Contact person _____

Location of Facility(ies) _____

List current Certified Public Weighers names, license and seal numbers for which renewal is required. NOTE: ***THIS IS AN APPLICATION FOR RENEWAL ONLY!!***

<u>WEIGHER NAME</u>	<u>LICENSE NUMBER</u>	<u>SEAL NUMBER</u>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

PLEASE INCLUDE \$5.00 FOR EACH RENEWAL

DATE _____ SIGNED _____